

KANSAS WIC PROGRAM
Application For Local Agencies
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Applicant Information

Agency Name: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Local Contact Person: _____

Tax ID Number: _____

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1. Briefly describe your organization. Include the geographic area your agency currently serves.

2. Briefly describe why you wish to provide WIC services.

3. Please describe the physical location in your county or counties in which you plan to provide WIC services.

a. Please list each site's location and address.

b. Please provide the approximate dimensions of the clinic areas to be used for WIC services at each site.

c. Are the location(s) described above accessible to persons with disabilities?
_____ Yes _____ No

If no, please indicate your plan to make services available to persons with disabilities.

4. What is the earliest date you could begin WIC services if your application is approved?

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Staffing

WIC regulations require that a competent professional authority (CPA) complete the WIC certification process. A competent professional authority is defined as a licensed dietitian, a registered nurse, a physician, or registered physician's assistant. Additionally, WIC requires that a licensed dietitian complete high-risk nutrition counseling and the Nutrition Services Plan preparation.

5. How many competent professional authorities are available within your organization with time that can be dedicated to the WIC program?

_____ Registered Nurses _____ Licensed Dietitians

_____ Physicians _____ Registered Physician's Assistants

If none are indicated describe your plan to hire or contract with a CPA.

6. Monthly submissions of an affidavit of expenditures will be required for reimbursement of program expenses. Who will be responsible for providing monthly financial and administrative reports to the State WIC Office?
7. Yearly vendor monitoring and training and periodic vendor education are required of all WIC agencies. Who will be responsible for providing vendor monitoring, training and education?
8. Numerous WIC duties can be performed by clerical staff, such as income determination, scheduling and printing notices of appointments, etc. How many clerical staff are available within your organization to work with the WIC program?

_____ Clerical Staff

9. Do you have a significant portion of non-English speaking persons in your community?
_____ Yes _____ No

If yes, do you have access to bilingual staff?

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10. Do you currently have sufficient staff to handle the above-described duties or do you anticipate hiring additional staff?

_____ We currently have sufficient staff to provide WIC services.
_____ We anticipate having to hire additional staff to provide WIC services.

Equipment

Administration and operation of the WIC Program at the Local Agency requires the use of a WEB based application. Each person performing WIC functions must have access to a personal computer connected to a broadband Internet connection. These computers must be networked so the printers can be shared.

11. Please list the type and quantity of the following pieces of equipment that are currently available in your agency. The State Agency will use the following list to evaluate what additional equipment will be needed by the Local Agency to operate the WIC program.

<u>Computers</u>	<u>Printers</u>
<u>Calculators</u>	<u>Infant Recumbent Length Boards</u>
<u>Hemoglobin/Hematocrit machines</u>	<u>Stadiometers</u>
<u>Photocopy Machines</u>	<u>Fax Machines</u>
<u>Adult Scales</u>	<u>Infant Scales</u>

Referral Services

12. WIC is intended to be an adjunct to on-going health services. Referrals to other health care providers must be included in services provided to WIC participants. Use the list below to indicate the type of health services that are currently provided by your agency. **Check the type of services provided in the list below**

<input type="checkbox"/> Primary Care Clinic	<input type="checkbox"/> Home Health Services
<input type="checkbox"/> Well Child Clinic	<input type="checkbox"/> Family Planning
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Maternal and Infant Program
<input type="checkbox"/> Nutrition Services	<input type="checkbox"/> Social Services
<input type="checkbox"/> Healthy Start	<input type="checkbox"/> Head Start
<input type="checkbox"/> Infant Toddler Services	
<input type="checkbox"/> Other (Please Specify): _____	

Other Information

13. Indicate any additional information or comments that may facilitate review of this application.

Compliance With Title VI of the Civil Rights Act of 1964(as amended)

Title VI of the Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The Kansas Department of Health and Environment, Division of Health, WIC Program is firmly committed to ensuring that no eligible person is discriminated against in the provision of services in all programs funded. To ensure that action will be taken to comply with Title VI requirements, the WIC Program adopts the following policies:

- ☐ The WIC Program will not discriminate and will not permit discrimination in any services or programs it funds on the basis of race, color, national origin, sex, age or disability.
- ☐ The WIC Program will not approve contracts with agencies that are known to engage in discriminatory practices.

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- ☐ The State WIC Program will inform all local agencies of their responsibilities under Title VI of the Civil Rights Act. This information can be found in the WIC Program Policy and Procedure Manual.
- ☐ A written summary of investigation into complaints under Title VI of the Civil Rights Act shall be prepared and kept on file at the Local Agency WIC Office. Any discrimination complaints received by the Local Agency shall be sent to the State WIC Office immediately.
- ☐ The WIC Program will ensure that, to the extent feasible, the public notices it publishes announcing or explaining services furnished with USDA funds contain the words "in providing these services, no person shall be discriminated against on the basis of race, color, national origin, sex, age or disability."

14. Has your agency had any recent (within the past year) history of non-compliance with the provisions of Title VI?

_____ NO

_____ YES

If yes, please explain.

15. Are there any discrimination complaints pending against your agency?

_____ NO

_____ YES

If yes, please explain.

By signing this application, the applicant agrees to comply with WIC program regulations, and certifies that the information contained in this application to provide WIC services is true and accurate.

Signature of Local Official Responsible for WIC:

Name

Date

Title

The State Agency shall notify the applicant of the status of its application within thirty days of receipt of the Agency's application. If the application is denied, the State Agency shall advise the Agency of the reasons for the denial and right to appeal the decision as set forth in the WIC regulations.

If an applicant is selected to be a WIC local agency, it will be required to enter into a contract with the State Agency to provide WIC services. Neither the State Agency nor the Local Agency has an obligation to renew the agreement. The expiration of the agreement is not subject to appeal.

